

INDIANA RECOVERY AGENT APPLICATION

NAME OF APPLICANT _____

HOME ADDRESS: _____

CITY STATE ZIP CODE COUNTY

PREVIOUS ADDRESSES (FOR PAST 5 YEARS) _____

HOME PHONE: _____ BUSINESS PHONE: _____

PRINCIPAL ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS:

HOW LONG HAVE YOU BEEN A RESIDENT OF INDIANA: _____

ARE YOU A CITIZEN OF THE UNITED STATES? YES ___ NO _____

(PLACE PICTURE HERE)

EYE COLOR: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CURRENT OCCUPATION: _____

ANSWER THE FOLLOWING QUESTIONS FULLY

1.Are you aware of any complaints against you currently pending before any public authority (including a law enforcement agency)? YES ____ NO____

2. Has any disciplinary action been taken against you in the past year by any public authority (including law enforcement agency)? YES ____ NO ____

3.Have you ever been convicted of **any** Felony ? YES ____ NO____

4. Have you ever been convicted of a Misdemeanor involving dishonesty, violence or a deadly weapon? (This would include **any** Battery conviction) YES ____ NO____

5. Are you a jailer, law enforcement officer, or do you have any custody or control over prisoners? YES ____ NO____

6. Have you ever previously held an insurance, bail agent's or recovery agent's license in this or another state? YES ____ NO ____

7.If you answered yes to item #6, was that license ever suspended or revoked? YES ____ NO ____

8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date.

9. Do you have any outstanding State or Federal tax liens or warrants? YES ____ NO____

NOTE: If you answered YES to any of the above, give a detailed explanation on an attached sheet.

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

DATE: _____ SIGNATURE OF APPLICANT: _____

Sworn and subscribed before me this _____ Day of _____, _____.

My Commission Expires _____ Notary Public _____

County of Residence _____ Printed Name _____

State Form 44966-R (12-96)